

File #: \_\_\_\_\_



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION • (617) 918-5259

## COVERED VENDORS BIANNUAL REPORT

**IMPORTANT:** Please print in ink or type all required information. Assistance in completing this Form may be obtained by calling or visiting, The Living Wage Administrator, Living Wage Division of the Office Of Jobs And Community Services, telephone: (617) 918-5259, facsimile: (617) 918- 5299, or your Contracting Department.

The Boston Jobs and Living Wage Ordinance requires not-for-profit Covered Vendors with less than 50 FTEs to provide biannual reports of their employment activities to the Living Wage Division including:

**PART 1: CONTRACT #:** \_\_\_\_\_

**PART 2: REPORTING PERIOD:**

Please check the time period for which you are making this report:

☐ Jan. 1 – June 30 ☐ July 1 – Dec. 31

Year: \_\_\_\_\_

The Biannual Report must be filed with the Living Wage Division of the Office Of Jobs And Community Services within 15 days of the end of each reporting period.

**PART 3: COVERED VENDOR (OR SUBCONTRACTOR) INFORMATION:**

Name of Vendor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PART 4: CONTRACT INFORMATION:**

Contracting Agency: \_\_\_\_\_

Contract #: \_\_\_\_\_

Description of services provided under this contract or Name of Project:

(Please attach a 8 ½ x 11 sheet if additional detail is needed)

**PART 5: JOB POSITIONS CHARGED TO THE CONTRACT:**

List all job titles of Covered Employees, i.e., personnel assigned to do any part of the work under above-named City of Boston Contract. List the number of employees next to each job title in the appropriate wage range:

JOB TITLE	< \$13.49 p/h	\$13.49 p/h- \$15.00 p/h	\$15.01 p/h- \$20.00 p/h	> \$20.01 p/h

**PART 6: ADDITIONAL INFORMATION:**

Total number of Covered Employees: \_\_\_\_\_

Number of Covered Employees who are Boston residents: \_\_\_\_\_

Number of Covered Employees who are Minorities: \_\_\_\_\_

Number of Covered Employees who are Women: \_\_\_\_\_

**PART 7: SIGNATURE (An owner or officer of the Vendor must sign this Report.)**

I certify the above information is correct and within my personal knowledge.

**Signed under the pains and penalties of perjury:**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
JOB TITLE